2004 FOR PROFIT CORPORATION

STREET ADDRESS CHTY ST ZIP HIBE NAME STREET ADDRESS

FILED Apr 30, 2004 08:00 AM

ANNUAL REPORT				Secretary of State			
DOCUMENT # S66911 1. Entity Name FAMILY HARVEST, INC.							
Principal Place 11783 SE HW BELLEVIEW, F	/ 441	Mailing Address PO BOX 38 BELLEVIEW, FL 34421					
DO NOT WRITE IN THIS SPA			CE	01132004 No Chg-P CR2E034 (10/03) 4. FEI Number			
6. Name and Address of Current Registered Agent SOFIA, PASQUALE JR 11191 SE 55TH AVE. RD. BELLEVIEW, FL 34420			DO NOT WRITE IN THIS SPACE				
8. The above named eality submits this statement for the purpose of changing its registered of the obligations of registered agent SIGNATURE Signature typegra prived name of registered agent and miles applicably the registered of the registered agent and miles applicably to the registered agent and miles applicably the r					h, in the State of Flo	orida Iamifan 'DAT⊾'	thar with, and accept
TO. ITTLE NAME STREET ADDRESS OFF ST ZIP THE NAME STREET ADDRESS OFF ST ZIP THE	OFFICERS AND D P SOFIA, PASQUALE 11191 SE 55TH AVE. APT 804 BELLEVIEW, FL 34420 S/T SABRINA, SOFIA 11191 SE 55TH AVE. APT. 804 BELLEVIEW, FL 34420	RECTORS			U0000 047.30704	0142015 -80033-	021 150.00
NAME STREET ADDRESS CITY ST ZIP HITE NAME STREET ADDRESS CITY ST ZIP TITLE NAME					NOT W THIS SI		

^{12.} Thereby certify that the information supplied with this fifing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address, with all other like empowered.